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erisa. D	OARD OF HEALTH State File No.
ARIZONA STATE B	
BUREAU OF VI	TAL STATISTICS Registered No. 20 / D
PLACE OF BIRTH STANDARD CERT	aujone
. Gila	State
La mani	er Yalage Canyone Ward
istrict or Township 136	in the size its NAME instead of street and number)
ity Mann No (II birth occ	urred in a hospital or institution, give its
Lus de la 1	New supplemental report, as several
Full name of child	er   6. Legitimate?   7. Date   12 1919
Ser of Cand 1 To be answered O-p- 1	of birth Month Day Year /
in event of plural	1 MOTHER
// -   birtis.	14. A MOTHER
8. PATHER In Riva	Full maiden name Mann de la Riva
ull name l'édico de la	
· Cuin	15. Residence (Usus) place of abode) Miann , Aryona
Residence (Usual place of abode) Mann, augon	If non-resident, give place and state.
If non-resident, give place and state.	16. Color or race
10. Color or race	(Vears)
10. Color or race  11. Age at last birthday 36 (Year	(a)
VV CV SOUT II. Age at the	
12. Birthplace (city or place)	(State or country) Met. Co.
mexico	-11
13. Occupation Laborer, Benefiter	19. Occupation Anserve
	Nature of industry
Nature of Industry Capper mine	21. Were precautions taken against oph-
	- and now living   failula liconate
20. Number of children of this 1200-	TO BUT HOW CLASS
	DING PHYSICIAN OR MIDWIFE at 10:20 m. on the date above stated.
I hereby certify that I attended the birth of this child, who was	(Born slive or stillborn.) J. J. J. wille
the abyoidan country	
or midwife, then the father, householder,	O (Physician or padwife).
child is one that neither breathes nor shows other evidence of life after birth.	
118	main 1 gos
Given name added from a supplemental report. Month, day, year	( 5) 24 10, 6. om
Filed 19 Registra	
Registrar	U

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